EXHIBIT C

Doc 884	PRC	of of claim	1:30:47 Pa	lge 2 01 8	
Name of Debtor	Case Nu	mher			
	Case Number				
USA Commercial Mortgage Company	06-10725-LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	OWED MONEY BY A BORROWER	
Name of Creditor and Address Loughlin Family Trust		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS		
50 Greenbriar Cir. Napa, CA 94558-1587		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case			
	Check box if this address differs from the address on the envelope sent to you by the		Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number (70 y 251 – 9941	dabtan	court	THIS SPACE	IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	deptor	Check here replain or amer	a previously	fileo claim dated	
1_BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	Ų Wages, s	salaries, and compensation (fill out below)	Other claims against servicer	
Services performed Taxes		digits of your SS#		(not for loan balances)	
Money loaned Money loaned Funds diverted	Unpaid o	compensation for services pe	rformed from	(date) to (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best descri	be your claim and state the amo	unt of the claim at th	ne time case filed	
UNSECURED NONPRIORITY CLAIM \$ 27,000 est.		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or by exceeds the value of the property securing it or if c) none or only part of y entitled to priority		a right of setoff) Brief description of		ed by collateral (including	
UNSECURED PRIORITY CLAIM			_	П очьт	
Check this box if you have an unsecured claim all or part of which is	· · · · · · · · · · · · · · · · · · ·				
entitled to priority Amount entitled to priority \$		Value of Collateral \$ Amount of arrearage and other charges at time case filed included			
Specify the priority of the claim		secured claim if any		at time case med moluded in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow			
Wages salaries or commissions (up to \$10 000)* earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	's	services for personal family Taxes or penalties owed to gi		• (,,,,	
business whichever is earlier - 11 U S C § 507(a)(4)	E	Other - Specify applicable pa			
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases comme	stment on 4/1/07 ar	nd every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ 27,000 est. \$		\$		\$ 27,000 est.	
(unsecured) Check this box if claim includes interest or other charges in addition to	•	secured) I amount of the claim Attach it	(priority) emized statement o	(Total) of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cre					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts court judgments, mortgages, security	<i>cuments,</i> s / agreemen	uch as promissory notes, pu ts and evidence of perfection	rchase orders, inv n of lien DO NC	voices itemized statements of	
DOCUMENTS If the documents are not available explain If the 8 DATE-STAMPED COPY To receive an acknowledgment of t proof of claim			•	d envelope and copy of this	
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr	m, prevaili	ng Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY	
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO					
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Cent P O Box 911 1330 East Franklin Avenue			ter		
El Segundo CA 90245-0911	El Segui	ndo CA 90245		USA CMC	
DATE SIGN and print the name and title if any of this claim (attach copy of power of att	the creditor torney if any	or other person authorized to file)	•	1072501549	
12/4/08					

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ame of Debtor	Case	Number	1	1	
USA COMMERCIAL MORTGAGE CO	MPANY 06-	-10725-LBR			
OTE See Reverse for List of Debtors and Case Numals form should not be used to make a claim for an adusing after the commencement of the case. A "request ministrative expense may be filed pursuant to 11 U Same of Creditor and Address."	ministrative expense st" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
المثار الراز والربية بدرون الأور الرازية والمنا شاك برون والراز بيون المريد الأنياز الأمياز ا	1321241002723	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DES if you have alre	IS PROOF OF CLAIM FOR A IEST IN A BORROWER THAT IS NOT STORS Rady filed a proof of claim with the or BMC you do not need to file again	
editor Telephone Number ()		court.	1	E IS FOR COURT USE ONLY	
ist four digits of account or other number by which cre	ditor identifies debtor	Check here repla	a previously	filed claim dated	
BASIS FOR CLAIM	Retir	ee benefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
☐ Goods sold ☐ Personal injury/wrong ☐ Services performed ☐ Taxes	gful death Wag	es salaries, and compensation (four digits of your SS #		Other claims against servicer (not for losn balances)	
Money loaned Other (describe brief)	L.A.	aid compensation for services pe	rformed from	to	
DATE DEBT WAS INCURRED Aug = Sept	- 2005 31	F COURT JUDGMENT, DATE O	RTAINED	(date) (date)	
CLASSIFICATION OF CLAIM Check the appropriate		escribe your claim and state the amo		ne time case filed	
See reverse side for important explanations NSECURED NONPRIORITY CLAIM \$ 1 Check this box if a) there is no collateral or lien securing exceeds the value of the property securing it, or if c) none entitled to priority				ed by collateral (including	
ISECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part	of which up	Real Estate	Motor Vehicle	Other	
entitled to priority	OI WINCH RE	Value of Collateral \$			
Amount entitled to priority \$	·	Amount of arrearage a secured claim, if any		at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)	VA) or (a)(1)(B)	\			
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Contributions to an employee benefit plan - 11 U.S.C. §	507(a)(5)	* Amounts are subject to edju with respect to cases commer	stment on 4/1/07 an	d every 3 years thereafter	
TOTAL AMOUNT OF CLAIM \$	\$1, 52		iced on or alter the t	\$1,525,000	
AT TIME CASE FILED (unsecure	ed)	(secured)	(priority)	(Total)	
Check this box if claim includes interest or other charge	s in addition to the princ	apal amount of the claim. Attach ite	mized statement of	f all interest or additional charges	
CREDITS The amount of all payments on this clair SUPPORTING DOCUMENTS <u>Attach copies of running accounts</u> , contracts, court judgments, mortg DOCUMENTS If the documents are not available, of DATE-STAMPED COPY To receive an acknow proof of claim	supporting documents ages, secunty agreen explain If the docume	s, such as promissory notes, pur nents, and evidence of perfection ents are voluminous, attach a su	chase orders, involved of lien DO NOT mmary	olces, itemized statements of F SEND ORIGINAL	
The original of this completed proof of claim for ACCEPTED) so that it is actually received on or it for each person or entity (including individuals,	pefore 5 00 pm, prev	ailing Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO 3MC Group Altn USACM Claims Docketing Center O Box 911	BMC Altn. I	ND OR OVERNIGHT DELIVERY TO Group USACM Claims Docketing Cente East Franklin Avenue	i	FILED NOV 0 7 200	
El Segundo, CA 90245 0911 FE SIGN and print the name and this glaim (attack gopt)	El Se	gundo CA 90245 for or other person authorized to file (ny)	((()	USA CMC	
11/3/06 Seffrey & Hard	man allomey	m just veffery i	. HARTMAL		

FORM B10 (Official Form 10) (10/05)

Name of Debtor USA Commercial Mortgage Company fka USA Capital NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503 Name of Creditor (The person or other entity to whom the debtor owes money or property) Rabinder Maheshwari and Usha Maheshwar Name and address where notices should be sent Joshua D Brysk Case Number BK-S-06-10725 200b AUG 15 P 3. 08 Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Rabinder Maheshwari and Usha Maheshwar Name and address where notices should be sent Joshua D Brysk Name of Creditor (The person or other entity to whom the debtor owes money be filed pursuant to 1103 C § 303 Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the				
Attach copy of statement giving particulars Name and address where notices should be sent Joshua D Brysk Attach copy of statement giving particulars Check box if you have never received any notices from the				
Joshua D Brysk received any notices from the				
Law Offices of James G Schwartz 7901 Stoneridge Drive, Suite 401 Pleasanton, CA 94583 Telephone number (925) 463-1073 bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court This space is for Court Use Only				
Last four digits of account or other number by which creditor identifies debtor Check here replaces a previously filed claim dated				
1 Basis for Claim				
2 Date debt was incurred 1/1/2006 3 If court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured priority claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or Unsecured Priority Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Value of Collateral Specify the priority of the claim Check this box if you have an unsecured priority claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ 153,831 94 Specify the priority of the claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Amount of arrearage and other charges at time case filed included in secured claim if any \$ 153,831 94 Specify the priority of the claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Amount of arrearage and other charges at time case filed included in secured claim if any \$ 153,831 94				
□ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) □ Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) □ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) □ Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) □ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) □ Other Specify applicable paragraph of 11 U S C § 507(a)(1) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter we respect to cases commenced on or after the date of adjustment				
5 Total Amount of Claim at Time Case Filed \$ 153.831 94 (unsecured) (secured) (pnority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices, itemized statements of running accounts contracts, court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary. 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. 				
Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) USA CMC ##################################				

Case 06-10725-gwz Dac 98	PRO	OOF OF CLAIM	1	ge 5-ot 8	
				III III IIII IIII IIII IIII NM IS SCHEDULED AS	
Name of Debtor.	Case Nu	Case Number		s31391	
USA Commercial Mortgage Company			Amount/Classification \$0 00 Unsecured		
MARY MONICA CADY IRA 3261 WATERVIEW CT HAYWARD, CA 94542-2124 Creditor Telephone Number () Last four digits of account or other number by which creditor identif 1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	90000584	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court. Check here replain this claim ameronenefits as defined in 11 U S salaries, and compensation	scheduled by the D you agree with the other claim against this proof of claim 6 If the amounts she Unliquidated or D filed If you have alre Bankruptcy Court of THIS SPAC Ces a previously ds C § 1114(a)	sted above constitute your claim as sebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, sputed, a proof of claim must be ady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY filed claim dated	
Services performed Taxes	_ •	r digits of your SS #		(not for loan balances)	
Money loaned Unother (describe briefly)	Unpaid o	compensation for services pe	erformed from	(date) (date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (BTAINED	(date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes. See reverse side for important explanations	that best describ	pe your claim and state the amou	nt of the claim at the	time case filed	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part of entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to pnority \$ Specify the priority of the claim	b) your claim your claim is	a right of setoff) Brief description of Real Estate Value of Collateral	f collateral Motor Vehicle \$ nd other charges	at time case filed included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 da before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>	Up to \$2 225° of deposits towe services for personal family of Taxes or penalties owed to go. Other Specify applicable para * Amounts are subject to adjust with respect to cases comment	or household use 11 vernmental units 1 agraph of 11 U S C streent on 4/1/07 and	USC § 507(a)(7) 1USC § 507(a)(8) § 507(a) () I every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ 134 62 82	\$	\$		\$	
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be ACCEPTED)	sent by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 DATE / SIGN and print the name and title if any o	BMC Gro Attn USA 1330 Eas El Seguno	CM Claims Docketing Center t Franklin Avenue do CA 90245	'	ED MAY 3 1 2007	
5/25/2007 Mary Monica C	aly any)	MARY MONICA		1072502460	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonr	ment forfup to 5	years or both 18 USC §§ 15	2 AND 3 5 71		

	PRO	OOF OF CLAIM	50.47 - Page 6 01 8	}
Name of Debtor	Case Nu	imber 5 1.88		
Name of Debtor USA Commercial Mortgage Co USA Copital Realty Advisors, LL	BK-3 BK-5	5-06-10725 LBR 5-06-10726 LBR 06-10739 LBR		
USA securities, LLC		5-06-10729 LBR		
NOTE See Reverse for List of Debtors and Case Nun This form should not be used to make a claim for an ac		Check box if you are		
ansing after the commencement of the case A "reque	st" for payment of an	aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S Name of Creditor and Address	S C § 503	to your claim Attach copy of		
1 Mary 1906 And 1906 And 1907	11321241000813	statement giving particulars		
MARINA MEHLMAN IRA		Check box if you have never received any notices		
2027 HATHAWAY AVE WESTLAKE VILLAGE CA 91362-517	1	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF O	
WESTERNE VILLAGE ON 91302-317	•	Check box if this address	ONE OF THE DEBTORS	
		differs from the address on the envelope sent to you by the	if you have already filed a pro- Bankruptcy Court or BMC you	
Creditor Telephone Number (80) 492-7711		court	THIS SPACE IS FOR C	_
Last four digits of account or other number by which cr	editor identifies debtor	Check here replace	a presuouely filed claim i	dated
Client ID: 6854		if this claim amen		
1 BASIS FOR CLAIM		benefits as defined in 11 U S	C § 1114(a)	nitted principal
☐ Goods sold ☐ Personal injury/wror	igful death Wages,	salaries and compensation (claims against servicei for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe brief)	a \	r digits of your SS #	· ·	or loan balances)
Worley loaned Gescribe blie	עניי Unpaid (compensation for services per	rformed from (date)	_ to
2 DATE DEBT WAS INCURRED JULY 105, A	3 IF C	OURT JUDGMENT, DATE O		(uate)
4 CLASSIFICATION OF CLAIM Check the appropriate		ribe your claim and state the amo	unt of the claim at the time case	filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing		14.5	our claim is secured by collat	eral (including
exceeds the value of the property securing it or if c) non- entitled to priority	e or only part of your claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		ther
Check this box if you have an unsecured claim all or pa entitled to priority	rt of which is	Value of Collateral	s ?	
Amount entitled to priority \$			nd other charges at time cas	se filed included in A
Specify the priority of the claim			\$ 104,000(Auxilest)	
Domestic support obligations under 11 U S C § 507(a)(ard purchase lease or rental of	
Wages salaries or commissions (up to \$10 000)* earning before filing of the bankruptcy petition or cessation of the	ed within 180 days e debtor's	•	r household use -11 U S C § 50 vernmental units - 11 U S C § 5	```
business whichever is earlier - 11 U S C § 507(a)(4)	Ē		agraph of 11 USC § 507(a) (
Contributions to an employee benefit plan 11 U S C §	507(a)(5)		stment on 4/1/07 and every 3 yea aced on or after the date of adjus	
5 TOTAL AMOUNT OF CLAIM \$	\$ 1/2.0)88 96 \$	\$ 112	2.0889/
AT TIME CASE FILED (unsecu		secured)	(priority)	(Total)
Check this box if claim includes interest or other charge	es in addition to the principal	amount of the claim Attach ite	mized statement of all interest of	or additional charges
6 CREDITS The amount of all payments on this clair				
7 SUPPORTING DOCUMENTS <u>Attach copies of</u> running accounts, contracts court judgments, mort	supporting documents, security agreemen	uch as promissory notes pure	chase orders invoices itemiz	zed statements of
DOCUMENTS If the documents are not available	explain If the documents	s are voluminous attach a sur	mmary	
8 DATE-STAMPED COPY To receive an ackno proof of claim	wledgment of the filing of	your claim, enclose a stamped	d, self-addressed envelope a	ind copy of this
The original of this completed proof of claim for				PACE FOR COURT
ACCEPTED) so that it is actually received on or for each person or entity (including individuals,	partnerships, corporation	ng Pacific time, on Novembe ons, joint ventures, trusts ar	er 13, 2006 nd	USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	1	T 1 6 2006
BMC Group Attn USACM Claims Docketing Center BMC Group Attn USACM Claims Docketing Center			FILED U	CT 1 6 2006
P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245			1	
DATE SIGN and print the name ar	nd title if any of the creditor of	or other person authorized to file	10 m	USA CMC
this claim (attach cop	y of power of attorney if any)		#1 # #	1072500596
10-12-00 Worse C. d.				

United Stales Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL WORTGAGE COMPANY	T NOO! O! OLA!!!	
NOTE This form should not be used to make a claim for an admini of the cise. A request' for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) SHEROW TRUST DATED 9/11/89	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent AARON OSHEROW, TRISTEE 2005. BRENTWOOD BLVD H9d ST LOUIS, MG 63105 Telephone number		This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	led claim dated
Goods sold Services performed Money loaned Personal mjury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in Wages, salaries, and compens Last four digits of your SS # Unpaid compensation for ser from	sation (fill out below) vices performed
2 Date debt was incurred 4/18/05	3. If court judgment, date obtained	d
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$544,233.01 Check this box if a) there is no collateral or lien securing you be be your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	Check this box if your claim a right of setoff) Brief Description of Collater Real Estate Motor Value of Collateral SU Amount of arrearage and other chasecured claim if any \$65000 Up to \$2,225* of deposits toward put or services for personal, family or h \$507(a)(7) Taxes or penalties owed to government of services of the property of the services of the property applicable paragraph *Amounts are subject to adjustment on 44 with respect to cases commenced on	ral Vehicle Other NKNOWN arges at time case filed included in Oc. 65 irchase lease or rental of property ousehold use - 11 U S C ental units 11 U S C § 507(a)(8) in of 11 U S C § 507(a)() V1/07 and every 3 years thereafter or after the date of adjustment
Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional charges Credits The amount of all courses to a least to the charges.	(tinsecured) (secured) dition to the principal amount of the claim. Atta	(priority) (Total) ch itemized statement of all
making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN	ents, such as promissory notes, purchase acts court judgments, mortgages, security ID ORIGINAL DOCUMENTS If the	THIS SPACE IS FOR COURT USE ONLY FILED JAN 10 201
documents are not available explain. If the documents are volu: 8 Date Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the file this claim (attach copy of power of attorname).	minous, attach a summary ling of your claim, enclose a stamped self	ED 1 1 0 2007
Penalty for presenting fraudulent claim Fine of up to \$500,000 or	ROW, TRUSTEE	USA CMC

FORM B10 (Official Form 10) (10/05)				-	
UNITED STATES BANKRUPICY COURT	DISTRI	T Of_	Nevada		PROOF OF CLAIM
Name of Debtox USA Cammercial Mortgage Compan		-10	725-		
NOTI- This form should not be used to make a claim for an administrative expense may	trative expense	arising uant to	after the coi	nniencement 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) TDS Revocable Family TRUST DATED 9-29-98	else has your cla giving f	filed a paim Atta articular	ich copy of S u have never	n relating to statement received any	
Name and address where notices should be sent COT DWIGH Sper + Bonnie SPER TTEES 1005 Cypress Ridge LN, LAS Vegas Telephone number NV 89144-1425	address	ox if the		fers from the	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor Client ID No. 2854	the cou Check of this c	nere K	replaces A	previously file	ed claim dated <u>9-25-06</u>
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Control Contro		Wag Last Unp	ree benefits es salaries four digits aid compen	as defined in and compens of your SS #	II USC § III4(a) ation (fill out below)
2. Date debt was incurred MAY 30, 2003	3.	f court	judgment,	date obtaine	i.
4. Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim SLINE 4 of Ex A Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority		Secure Cl a right o	i Claim neck this bor of setoff)		is secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of ventriled to priority		V _i Amount	Real Estate alue of Colle of arrearage	e Motor ateral \$_U e and other chr	Vehicle Other————————————————————————————————————
Amount entitled to priority \$ Specify the priority of the claim	11	p to \$2,3	25* of dep		urchase lease, or rental of propertiousehold use - 11 U S C
Domestic support obligations under 11 U S C § 507(a)(i)(A) (a)(1)(B) Wages, salaries, or commissions (up to \$i0 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S C § 507(a)(4)	or § in 180 0 otor's 0	507(a)(axes or p ther - Sp	7) enalties owe ecify applic	ed to governm cable paragrap	ental units - 11 USC § 507(a)(8 h of 11 USC § 507(a)() /1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(a	aV o i			<u> </u>	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad interest or additional charges.		N 4E (unsecured orincipal	(9	ecured) the claim Atta	(priority) (Total) ich itemized statement of all
 Credits: The amount of all payments on this claim has been making this proof of claim 	n credited and	deducte	ed for the pu	urpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are volu-	racts, court jud ND ORIGINA uminous, attac	igments L DOC h a sum	mortgages UMENTS mary	, secunty If the	LED JAN 1 2 2007
8 Date-Stamped Copy To receive an acknowledgment of the final addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto	the creditor o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ILEU JAN I & 2007
Penatry for presenting fraudulens claim. Hise of up to \$500 000 on	r imprisonmen	2-2 t for up	43-50 to 5 years	or both 18US	USA CMC